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PROGRAMME HIGHLIGHTS AND PARTNERSHIPS*

Report of the Executive Director for 2002

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* The collection and analysis of current data required to present the Executive Board with the most up-to-date information has delayed submission of the present document.

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Introduction by the Executive Director

1. The year 2002 brought remarkable challenges and overwhelming support to UNFPA. The Fund encountered a changing political environment and declining resources for population and development. In particular, the loss of a $34 million contribution from a major donor posed serious constraints to programme implementation. However, these challenges only served to strengthen the Fund's resolve to strategically move forward to accomplish its mission to assist countries in implementing the Programme of Action of the International Conference on Population and Development (ICPD) and achieving the Millennium Development Goals (MDGs). Matching that resolve was the Fund's commitment to further cement its partnerships with programme countries and donors, multilateral and bilateral organizations, parliamentarians, civil society, including non-governmental organizations (NGOs) and academic institutions, and the private sector, including private foundations.

2. The unprecedented support of the Executive Board culminated in decision 2002/5, the strongest expression of support for UNFPA, to date. In that decision, the Board underscored, inter alia, that UNFPA needed strong political and financial support as well as increased, stable and predictable core funding, in order to carry out its mandate effectively. The Board encouraged all countries, in the spirit of the Monterrey Consensus, to further their support for UNFPA, including through greater advocacy and increased funding, in particular to the Fund's core resources. Coupled with this was a spontaneous outpouring of affirmation and support manifested in the "34 Million Friends" campaign. This grass-roots campaign started by two American women has deeply touched UNFPA and its allies and supporters around the world. Working from their homes, the two women independently began sending e-mails to friends, clubs and networks urging people to donate $1 or more to UNFPA to bridge the funding gap. To date, UNFPA has received over $1 million from more than 100,000 Americans and people in other countries. We are pleased to report that approximately half a million dollars from this campaign is being applied to prevent and treat obstetric fistula in 12 countries in sub-Saharan Africa. The fistula initiative will benefit women and girls in Benin, Chad, Ethiopia, Kenya, Malawi, Mali, Mozambique, Niger, Nigeria, United Republic of Tanzania, Uganda and Zambia.

3. Strong and unwavering support for the ICPD Programme of Action and the work of UNFPA was also clearly demonstrated at the International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action in Ottawa, Canada, in November 2002; at the Fifth Asian and Pacific Population Conference in Bangkok, Thailand, in December; and recently at the thirty-sixth session of the Commission on Population and Development. In addition, the Group of 77 and China, the Africa regional group and others expressed their strong support for UNFPA in a number of fora. It should be noted that the Group of 77 and China and the Africa regional group sent letters of strong support for UNFPA to the major donor that had decided not to fund UNFPA. Support for the Fund was also visible in the steadily expanding donor base that increased from 102 donors in 2000 to 135 countries in 2002, plus the Mars Trust.

4. As always, the major work of the Fund during the year was the implementation of country and subregional programmes approved by the Executive Board. Strengthening results-based management (RBM) and organizational effectiveness continued to be a high priority in 2002. During the year, UNFPA recorded one of its highest levels ever in programme expenditure, spending a total of $203.6 million on country programmes and the intercountry programme. These programmes were carried out in the Fund's three core programme areas: (a) reproductive health, including family planning and sexual health; (b) population and development strategies; and (c) advocacy. As in the past, the largest share of resources went to reproductive health activities. Of the world's regions, sub-Saharan Africa absorbed 36

per cent of programme assistance; Asia and the Pacific accounted for 31.3 per cent; the Arab States and Europe region received 11.7 per cent: and Latin America and the Caribbean accounted for 10.7 per cent; (all figures for 2002 are provisional, for more details see also the statistical overview, DP/FPA/2003/4, Part I, Add.1).

5. An intensive fundraising campaign and the generosity of donor Governments helped UNFPA cope with the special challenge of a significant shortfall in regular resources. Early in 2002, the projected income scenarios – ranging from $220 million to $260 million -- appeared bleak. However, increased contributions from several major donors – Belgium, Canada, Denmark, Finland, France, Germany, Italy, Ireland, Luxembourg, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom; favourable exchange rates; and the "34 Million Friends" campaign partly offset the shortfall. The Fund's total income (provisional) in 2002, from regular and other resources, is over $373 million (an amount surpassing earlier projections for the year) compared to the total income of $397 million in 2001. The regular resource situation of the Fund remains critical, and sustained efforts are needed to increase funding. Increasing and stabilizing regular resource levels and broadening the donor base will enable UNFPA to offer increased support to programme countries in achieving ICPD goals and MDGs (see also DP/FPA/2003/4, Part II, for a cumulative report on the multi-year funding framework (MYFF), and DP/FPA/2003/6 for a report on funding commitments).

6. I would like to take this opportunity to express my deep appreciation and gratitude to all Member States, the Executive Board and the Fund's other development partners, including civil society, NGOs and private foundations, for their generosity and steadfast support.

I. PROGRAMME HIGLIGHTS

A. Reproductive health

7. The centrality of population and reproductive health issues to eradicating poverty and achieving the MDGs was unequivocally expressed by the Secretary-General in a message to the Fifth Asian and Pacific Population Conference.

Box 1: Population and MDGs

"The Millennium Development Goals, particularly the eradication of extreme poverty and hunger, cannot be achieved if questions of population and reproductive health are not squarely addressed. And that means stronger efforts to promote women's rights, and greater investment in education and health, including reproductive health and family planning".

- Secretary-General Kofi Annan, Message to the Fifth Asian and Pacific Population Conference
Bangkok, Thailand, 16 December 2002

8. Throughout 2002, UNFPA continued to strengthen its work to assist countries in implementing the ICPD Programme of Action, with an emphasis on increasing access to and availability of reproductive health information and services, including for HIV/AIDS prevention. Building national capacity in the area of population and development strategies; advocating for and supporting the achievement of ICPD goals and MDGs; and promoting an enabling environment conducive to gender equity and equality and women's empowerment were integral to the Fund's programming during the year.

Family planning

9. Family planning, as part of comprehensive reproductive and sexual health, is a key component of the Fund's support to programme countries. UNFPA assistance to countries includes support for service delivery, advocacy, policy dialogue, training of service providers and managers, provision of contraceptive commodities and logistics management. As underscored in the ICPD Programme of Action family planning programmes work best when they are part of or linked to broader reproductive health programmes that address closely related health needs and when women are fully involved in the design, management and evaluation of services. The potential of family planning for reducing maternal deaths and sexually transmitted infection (STI)/HIV prevention has not been fully utilized. Challenges remain with regard to improving the quality of family planning services and integrating reproductive health components; creating an enabling environment; increasing choices among a range of affordable, reliable and safe methods; and increasing access to and the availability of services for marginalized and underserved population groups. It should be recognized that NGOs have played a key role in complementing public sector services and in improving the quality of family planning services. In 2002, in collaboration with WHO, simplified guidelines for health care providers and managers were developed and widely disseminated.

Quality of care

10. Most efforts to improve the quality of reproductive health care typically focus on the "supply" side: training providers, ensuring availability of supplies, complying with technical standards and upgrading health facilities. However, experience indicates that for a variety of reasons, such as lack of access to reliable information and services, poor treatment of clients by providers, clients' lack of knowledge about their rights, dwindling resources and services that are not tailored to clients' needs, communities are not using available services. Moreover, pervasive gender inequalities create barriers for women and girls with respect to access to health services, education, and information. Even if they have access to appropriate health care, clients do not always receive sexual and reproductive health information and services that enable them to make informed choices for leading healthier and more productive lives. The role of clients and communities to "demand" quality services, and the gender dimensions that often define and confine women's lives, have not been adequately recognized as critical in efforts to make reproductive health services work for people.

11. To address these issues, UNFPA is leading a coalition of United Nations and NGO partners in a global project focusing on improving the quality of reproductive health care in six countries: India, Kyrgyzstan, Nepal, Mauritania, Peru and the United Republic of Tanzania (see also Box 8). With funding from the United Nations Foundation, the initiative aims to mobilize communities so that clients, particularly women, have a stronger voice in working with providers and local officials to obtain affordable, quality reproductive health services that take into account the needs and concerns of clients. The premise of the project is that users who are informed about reproductive health and rights will not only have improved interactions with providers at the individual level, but are likely to mobilize for change at the community level. The initiative seeks ways to support local and national Governments in responding to the challenge of delivering quality reproductive health programmes in a decentralized health care environment. This approach -- empowering women and facilitating stronger partnerships between communities, providers, and policymakers – is at the heart of the ideas put forward in the ICPD Programme of Action and the ICPD+5 key actions. It is also an approach necessary to help achieve MDGs.

Safe motherhood

12. Safe motherhood means ensuring that all women receive the care they need to remain safe and healthy throughout pregnancy and childbirth. Over 500,000 maternal deaths occur each year – the tragedy is that almost all of these deaths are preventable. Reducing maternal mortality and making motherhood safe is a priority area for UNFPA. The Fund supports safe motherhood interventions in approximately 90 countries as part of its commitment to reproductive health. UNFPA has adopted a three-pronged strategy to guide its work in making motherhood safe in developing countries. The elements of the strategy are: having skilled attendance and functioning referral systems available to all women during pregnancy and childbirth; making timely emergency obstetric care available to women who develop complications; and meeting the unmet need for family planning

13. UNFPA is one of several organizations that were granted funds by the Bill and Melinda Gates Foundation to work on making safe motherhood a reality. In collaboration with the Averting Maternal Death and Disability Program of Columbia University, UNFPA has been implementing projects in India, Morocco, Mozambique and Nicaragua to increase the availability and use of emergency obstetric services. In 2002, the four country projects were making progress in reaching these goals. Attention was focused on improving data collection and forging partnerships between project teams and other donors. UNFPA has been working with senior government officials at both national and regional levels. These efforts have also helped to make project success stories more visible to policy makers.

Box 2: Making Safe Motherhood a Reality

In **India**, UNFPA has been working to improve access to and quality and use of emergency obstetric services in seven districts in the State of Rajasthan. Seventy-nine health-care facilities were repaired and renovated. Thirty-two teams, consisting of a medical officer and a staff nurse, conducted training on basic emergency obstetric care delivery. Trainees reported that the training had given them the confidence to handle basic emergency obstetric cases in their institutions and had improved staff morale, which resulted in improved quality of care. UNFPA and UNICEF collaborated to develop a basic emergency obstetric care training module. UNFPA is also collaborating with the World Bank and the State Government of Rajasthan to develop a health systems project to improve district and subdistrict hospitals. In **Morocco**, the UNFPA-supported national project has focused on monitoring and evaluation of emergency obstetric care while the regional project has focused on increasing access to and quality of emergency obstetric services. To date, the national project has supported the training of 700 health care providers and managers. The regional project, inter alia, has contributed to a significant increase in the number of emergency obstetric care facilities.

In **Mozambique**, project activities have focused in the Sofala province given its high rates of maternal mortality and poor facilities. Rural, provincial, general and central hospitals are being furnished with staff and equipment to perform basic and comprehensive obstetric and neonatal care. The project also aims to make sure that women with obstetric complications in health centres are referred to a higher level of care. Training has been provided to maternal and child health nurses, surgery technicians and medical doctors. In **Nicaragua**, a comprehensive needs assessment of 138 public and private health-care facilities has been completed. Special evaluation and assessment tools were developed. Regions with the highest rates of maternal mortality were identified. In the first stage, the project will strengthen hospitals and health centres in the regions with high maternal mortality rates.

14. In West and Central Africa, UNFPA is working to both build capacity and increase availability and use of emergency obstetric care services. Needs assessments have been carried out in Cameroon, Côte d'Ivoire, Mauritania, Niger and Senegal. The results were presented in November 2002 in a report

entitled *Using Indicators to Programme for Results*, which serves as a basis to mobilize resources to implement projects. During 2002, a distance-learning course entitled *Reducing Maternal Deaths: Selecting Priorities, Tracking Progress* was finalized and printed in French and Spanish. UNFPA also prepared the second edition of *Maternal Mortality Update*, as well as a booklet documenting lessons learned in West Africa and a checklist for programme managers. In the context of a regional task force on maternal mortality reduction in Latin America and the Caribbean region, UNFPA has contributed to the formulation of a regional consensus strategy document on maternal mortality. The strategy will help countries to design better policies and programmes aimed at making pregnancy safe.

HIV/AIDS prevention

15. Prevention is the centrepiece of the Fund's fight against HIV/AIDS. UNFPA contributes to combating HIV/AIDS within the context of promoting reproductive health and rights, and gender equality in over 140 countries. The Fund's strategy focuses on the core areas of preventing HIV infection among young people; preventing HIV infection in pregnant women; and supporting condom programming. In 2002, UNFPA intensified its efforts to combat HIV/AIDS, assuming greater responsibility for ensuring a strong and coordinated system-wide response. During the year, the HIV/AIDS Branch was established in the Fund's Technical Support Division; strategic guidance was developed and disseminated to all staff; and support was increased for country-level action, including participation in the HIV/AIDS theme groups. UNFPA has been designated the United Nations system convening agency for two essential areas of response: young people and condom programming. As a co-sponsor of UNAIDS, the Fund welcomed the recommendations of the recent five-year evaluation, endorsed by the Programme Coordinating Board of UNAIDS, especially the increased focus on: country level action in terms of leadership and advocacy for effective action against the epidemic; strategic information required to guide the efforts of partners; tracking, monitoring and evaluation of the epidemic and the actions taken to respond to it; civil society engagement and partnership development; and mobilizing financial, technical and political support.

16. UNFPA is supporting a spectrum of preventive interventions from abstinence to delaying the onset of sexual activity, safer sexual behaviour, recognizing the risks associated with multiple partners, and correct and consistent condom use. This is translated locally using the "A, B, C" approach which encourages people to abstain, be faithful and use condoms. In 2002, the groundwork was completed to launch an advocacy campaign targeting leaders and policy makers in four African countries – Kenya, Mali, Niger and the United Republic of Tanzania -- to strengthen policies, resources and programmes focused on youth-directed prevention. A regional strategy for Latin America and the Caribbean has been drafted in line with the Fund's strategic guidance on HIV/AIDS and will be formally launched in 2003. UNFPA will undertake special efforts to proactively pursue HIV prevention in Asia and the Pacific region, given that 40 per cent of new infections are projected to occur in that region over the next eight years. With support from the OPEC Fund for International Development, a regional partnership has been established to raise awareness of STIs/HIV/AIDS and strengthen national efforts to respond to the epidemic in Lebanon, Morocco, Somalia, Sudan, the Syrian Arab Republic, Yemen and the Occupied Palestinian Territory (see also Box 7).

17. In the Russian Federation, one project incorporates advocacy, peer education, community mobilization and policy and legislation to reach out to adolescents and young people to build their knowledge and capacities to protect themselves from HIV infection. In Bangladesh, 10 ministries have incorporated STI/HIV-prevention information in training modules. Religious leaders are now aware of the potential devastation the epidemic could bring to Bangladesh, and are willing to take on responsibility in prevention efforts. In Haiti, UNFPA is focusing on HIV/AIDS-prevention activities targeting youth

and adolescents. Awareness-raising activities include peer education and the dissemination of information and materials that promote a healthy lifestyle. In Eritrea, UNFPA is working to meet country needs by focusing prevention efforts on highly vulnerable populations, including sex workers and their clients. In Botswana, peer education is being carried out by faith-based organizations such as the Young Women's Christian Association. Also, some churches have started to manage adolescent sexual and reproductive health clinics.

18. A key challenge in combating HIV/AIDS is ensuring linkages within the United Nations system response to provide the necessary long-term support to countries to access adequate resources; implement effective policies and programmes to prevent new infections; and ultimately halt and reverse the epidemic. Towards that end, UNFPA is firmly committed to acting in concert with UNAIDS and other partners in intensifying efforts to respond to the needs and priorities at the country level.

Obstetric fistula

19. UNFPA has partnered with the International Federation of Obstetrics and Gynecology, Columbia University's Averting Maternal Death and Disability Program and a number of other organizations to lead a global campaign to prevent and treat obstetric fistula in sub-Saharan Africa. The two-year campaign was launched in Addis Ababa, Ethiopia, in October 2002, at the second meeting of the Working Group for the Prevention and Treatment of Obstetric Fistula, involving over 60 experts. Obstetric fistula is the most severe of all pregnancy-related disabilities and affects between 50,000 to 100,000 women each year. Many of these women remain hidden in remote villages. Beyond the serious physical consequences, the condition has a devastating impact on the social status of young girls and women. Unfortunately, in many areas fistula treatment services do not exist.

20. The UNFPA-sponsored campaign seeks to raise awareness within communities on the causes and consequences of obstetric fistula, equip medical centres with essential supplies and train medical personnel to perform surgeries and provide post-operative care. Under the campaign, UNFPA will provide financial and technical support to existing treatment centres in 12 countries in sub-Saharan Africa, namely, Benin, Chad, Ethiopia, Kenya, Malawi, Mali, Mozambique, Niger, Nigeria, the United Republic of Tanzania, Uganda and Zambia. To help reduce the incidence of fistula, UNFPA and its partners are providing support to increase the proportion of women receiving skilled attendance at birth and wider access to emergency obstetric care; advocating against too-early marriage and too-early child-bearing; and facilitating the social integration of girls and women who have been treated, as well as those who remain affected. Results of the first-ever needs assessment on the prevalence of obstetric fistula in the above-mentioned 12 countries will be published by UNFPA in mid-2003. In 2002, the Government of Finland was the first donor country to support the Fund's work on fistula with a grant of $200,000. As noted earlier, approximately half a million dollars from the "34 Million Friends" campaign will be allocated to the fistula initiative to help women and girls in the 12 African countries mentioned above.

Costing reproductive health services

21. The Fund began a costing initiative in 2002, focusing on costing related to reproductive health services. The main objectives of the initiative are to validate the priority of reproductive health investments, to estimate resource requirements and to estimate resource gaps for reproductive health service provision. Economic and financial analyses can help managers of reproductive health services improve the efficiency, equity and sustainability of the services they provide. To assist programme managers and reproductive health experts, UNFPA is preparing a guide and resource book designed to aid

non-economists in carrying out basic economic and financial analysis of reproductive health interventions.

Reproductive health commodity security

22. The attainment of the MDGs for improving health and reducing HIV/AIDS will depend in large measure on the availability of reproductive health services, including commodities. During 2002, UNFPA supported the roll out of the Fund's reproductive health commodity security (RHCS) strategy, which is designed to ensure a secure supply and choice of quality contraceptives and other reproductive health commodities to meet the needs of people at the right time and in the right place. Three regional workshops were held – in China, Côte d'Ivoire and the Slovak Republic – to orient UNFPA representatives and selected national counterparts on the RHCS strategy. Information from programme countries indicates that there are critical shortfalls of essential reproductive health commodities, including shortfalls in condoms needed for the prevention of STIs/HIV/AIDS. In 2002, UNFPA supplied over 58 million condoms to 34 countries under the Fund's Global Contraceptive Commodity Programme. As part of the United Nations emergency response system, the Fund supplied a total of 3,534 reproductive health kits, with an approximate value of $1.5 million, to 33 emergency destinations. International organizations, including NGOs such as Médecins du monde, the International Rescue Committee, the American Refugee Committee and Relief International have utilized the Fund's procurement services to obtain emergency reproductive health kits for their own relief efforts.

23. In 2002, UNFPA received urgent requests from 73 countries for reproductive health commodities totalling $150 million. The Fund was able to meet only $25 million of these needs through funds provided by the Governments of Canada, the Netherlands and the United Kingdom. It should be noted that many programme countries have signed cost-sharing agreements with UNFPA for the provision of contraceptive commodities. This demonstrates the clear commitment of these countries to making RHCS more efficient and sustainable, as well as recognition of UNFPA as a key partner in achieving those goals. To further resource mobilization efforts, UNFPA organized a meeting of donors and other partners to discuss the possibility of establishing a global partnership for reproductive health commodities. Recognizing the pivotal importance of partnerships in promoting RHCS, UNFPA cooperated closely with other development partners, including WHO, UNAIDS, the World Bank, the International Planned Parenthood Federation (IPPF), the United States Agency for International Development (USAID), John Snow Inc. (JSI), and the Program for Appropriate Technology in Health (PATH), in such areas as country capacity development, advocacy and resource mobilization. UNFPA also participated actively in the development of the Strategic Pathway to Reproductive Health Commodity Security (SPARHCS), a joint effort of agencies interested in RHCS. Together with a number of key partners, UNFPA has started to develop an initiative aimed at more sustainable funding and systems for RHCS (see also DP/FPA/2003/4, Part III, for additional information on the Fund's involvement in RHCS).

Adolescents

24. Adolescents and youth are increasingly a high priority for UNFPA. At over 1 billion, the world today has the biggest ever generation of young people between the ages of 15 and 24. The vast majority of these young people live in developing countries. With limited knowledge about their bodies, adolescents are vulnerable to STIs, substance abuse, exploitation and violence. Investing effectively in young people builds their personal capacities and their potential to contribute to family, community and national development. Such investments and their timing are especially critical for girls whose health, education and life opportunities are often abruptly curtailed by gender discrimination in their access to

schooling and livelihood skills, and by early marriage and early childbearing. The high and increasing incidence of HIV/AIDS among young people, particularly girls, adds a sense of urgency to promoting health, social and economic strategies that empower young men and women to make responsible choices. Stemming the HIV epidemic among the young, through meeting their developmental and health needs, is a core building block of effective adolescent sexual and reproductive health (ASRH) programmes.

25. Recognizing the diversity of adolescents and youth, the Fund supports a wide range of strategies, taking advantage of multiple entry points, including family life education, sexuality education in schools, peer education, multi-purpose youth centres, youth friendly services and youth participation. This work has benefited from funding from the Government of Finland. School programmes can be an ideal way to provide adolescents with the information, skills and support they need. In 2002, the Fund also supported curriculum development and training to help teachers deal more effectively with sensitive subjects. In many African countries, for example, innovative approaches have been used to institutionalize environmental education and health education in school programmes. Different approaches and extra efforts are required to reach young people who are not part of the formal education system, and those who are particularly vulnerable – such as adolescents who are married and have children, those living in remote rural areas, in slums or on the streets, ethnic minorities, and those living in conflict or post-conflict situations. In a number of countries, UNFPA supported programmes designed to reach out-of-school youth. Entry points beyond the formal school system include out-of-school outreach strategies ranging from the use of art and theatre to sports and other recreational spaces; youth employment and training programmes; education during military service; and rural and urban development programmes, among others.

26. Under a rights-based initiative in Ecuador, supported by UNFPA, young people are part of consultative groups attached to government municipalities, known as "Right to Health Zones". Teams of youth advocates have been established and joint activities have been launched with local departments of health, education and youth. In Nicaragua, municipal adolescent houses have been set up leading to greater youth visibility and participation in their communities. In Cambodia, a participatory approach has been used to involve young people working in a garment factory to develop a reproductive health curriculum for use in a workplace programme. In Kenya, under a UNFPA-supported project, youth advocates, in collaboration with the Family Planning Association of Kenya, toured 20 districts in the country, addressing community groups to promote and advocate for education of the girl child, and to speak out against early and forced marriage and female genital cutting (FGC). In Eastern Europe and Central Asia, UNFPA, in partnership with other agencies, including WHO and UNICEF, is addressing the reproductive health concerns of young people. The focus is on providing peer education, life skills education and youth-friendly services. The UNFPA-supported project aims at increasing national capacity to implement quality peer education programmes that promote responsibility and safe sex behaviour among young people. Under the programme, inter alia, peer education trainers and peer educators have been trained and an electronic peer education network has been established. In 2002, with UNFPA support, 165 trainers received training on HIV prevention. UNAIDS funds were used to implement a regional project integrating reproductive and sexual health, with a particular focus on HIV prevention, into programmes of youth organizations active in Algeria, Bahrain, Jordan, Morocco and the United Arab Emirates, with inputs from Egypt, Lebanon and Tunisia.

27. In May 2002, UNFPA in partnership with The Population Council organized a workshop to review the programme experience to date on adolescent reproductive health and social development; and to map new directions for a second generation of adolescent programmes. The workshop underscored the importance of: (a) engaging many sectors, including health, education, sports and labour; (b) addressing

the diversity of adolescents and youth, and the varying needs arising from differences in age, life circumstances and marital status; (c) exploring strategies for scaling up successful pilot projects; and (d) strengthening the evidence base for programming and policy development.

Mainstreaming gender, human rights and culture

28. In 2002, a focus of UNFPA gender mainstreaming efforts was to strengthen the rights-based approach in the Fund's work. Gender equality, equity and the empowerment of women are cornerstones of the ICPD Programme of Action. Stakeholders have called for UNFPA leadership to ensure that human rights, including those related to gender, are at the forefront of the implementation of the ICPD Programme of Action. In response, UNFPA established a task group to review the process of how human rights, including reproductive rights, are integrated into UNFPA programming areas. UNFPA is revising its guidelines for mainstreaming a gender perspective in population and development programmes, and preparing a guidance note on how to operationalize the guidelines. The Fund is currently testing the programme guide, *A Practical Approach to Gender-based Violence: A Programme Guide for Health Care Providers and Managers*.

29. Recognizing the importance of male involvement in achieving gender equity and equality and ensuring reproductive health, UNFPA published a programme advisory note entitled *It Takes 2: Partnering with Men in Reproductive and Sexual Health*. It illustrates how to increase the involvement of men in reproductive health and rights issues through research, advocacy, behaviour change communication and education, policy dialogues and well-tailored reproductive health services. In 2002, nine country case studies were completed under a project focusing on improving the gender perspective and HIV/AIDS prevention through stronger partnerships with the military. With seed money from the Swedish International Development Agency (Sida), UNFPA undertook case studies in Benin, Botswana, Ecuador, Madagascar, Mongolia, Namibia, Nicaragua, Paraguay and the Ukraine. The purpose was to increase knowledge and understanding of effective approaches to work with the military and uniformed services, with a view to identifying lessons learned; improving existing programmes; and providing a reference guide for new programmes.

30. UNFPA has mainstreamed gender in its work in humanitarian response situations. In November 2002, the Fund organized a training workshop on capacity-building for NGOs in post-conflict situations. At the country level, UNFPA has worked to mainstream gender during reconstruction and is the focal point for reproductive health in Afghanistan. UNFPA supports the efforts of the United Nations and other partners in combating trafficking in women and girls. In October 2002, the Fund organized a meeting on the trafficking of women and girls that brought together UNFPA representatives and other field staff, as well as representatives from the United Nations and bilateral donors. UNFPA supports initiatives at the country level, including a joint United Nations initiative against trafficking in Nepal.

31. During 2002, UNFPA participated actively in United Nations inter-agency initiatives to implement the ICPD Programme of Action as well as the Beijing Platform for Action. It continued to co-chair, with UNIFEM, the inter-agency task team on gender and HIV/AIDS. It has also been an active member of other task forces and groups, including for the United Nations Girls' Education Initiative. The commitment of UNFPA to gender mainstreaming at all levels of the organization is reflected in practice. Women occupy 46.5 per cent of all professional posts in UNFPA. Moreover, 8 out of 14 members of the Fund's Executive Committee are women, and two of the three members of the senior management team are women, including the Executive Director and the Deputy Executive Director (Management).

32. In the course of the year, and with support from the Government of Switzerland, UNFPA has sought to document lessons learned from various experiences garnered through culturally sensitive programmes and from partnerships, including with community groups and religious and interfaith organizations. In January 2002, UNFPA organized an internal consultation with field and headquarters staff to review cultural entry points and constraints to programming and to develop a road map for future action. The meeting stressed the need to sensitize partners and stakeholders on issues relating to culture and development. It was underscored that cultural sensitivity demonstrated in programme design and implementation will inevitably lead to effective programme delivery and better acceptance by the community. Drawing on these recommendations, UNFPA developed a conceptual framework and launched a series of case studies of relevant programme experiences. These will in turn contribute lessons learned and information on best practices that will be fed into the Fund's staff training on these aspects of programming.

Box 3: Partnering with Religious Leaders in Yemen

Recognizing the important role religious leaders play in guiding peoples lives, the UNFPA-supported programme in **Yemen** works with the Ministry of Endowments and Guidance to strengthen understanding of and commitment to the implementation of the ICPD Programme of Action and the national population strategy. During 2002, major breakthroughs were achieved in the area of HIV/AIDS prevention and reproductive health/family planning. Key strategies applied included creating fora for consensus building, direct dialogue and experience-exchange visits to **Egypt** and the **Islamic Republic of Iran**. The Ministry of Endowments and Guidance, in partnership with the Ministry of Health and Population, produced a source book on reproductive health/family planning in the context of Islam to be used by imams and preachers during their daily awareness-raising activities. For the first time, the Ministry of Endowments and Guidance makes reference in this book to early marriage, recommending that marriage be delayed until at least the age of 20. Religious leaders also took active part in the HIV/AIDS theme group for the development of the National Strategic Framework for the Control and Prevention of HIV/AIDS, and in the preparation of advocacy sessions on HIV/AIDS for imams, preachers and the general public. It should be noted, that in this context, the Ministry of Endowments and Guidance has endorsed the promotion of male and female condoms.

Humanitarian assistance

33. During 2002, UNFPA continued to provide humanitarian assistance to communities affected by conflicts and natural disasters in numerous countries. As a key actor in addressing the reproductive health needs of refugees and internally displaced persons, UNFPA continued to build its networking and coordination role in this area, working closely with other development partners. The Fund implements its humanitarian response programme in close coordination with the Office for the Coordination of Humanitarian Affairs (OCHA). While responding to emergencies, UNFPA is also attuned to emerging humanitarian, transitional and development needs. In 2002, this involved a major focus on the newly recognized nexus of drought, famine, poverty, HIV/AIDS, and sexual and gender-based violence. UNFPA provided technical support for the organization of the first Department of Peacekeeping Operations (DPKO) workshop on HIV/AIDS, malaria and tuberculosis, held in Norway, for medical staff from all United Nations peacekeeping missions and troop contingents. One specific outcome of this joint effort is the development of condom programming guidelines for peacekeeping missions and a memorandum of understanding between DPKO and UNFPA on the provision of reproductive health supplies, including condoms, essential drugs and HIV testing kits.

34. In 2002, the Governments of Australia, Belgium, Canada, Czech Republic, Germany, Italy, Luxembourg, the Netherlands and the United Kingdom, as well as the United Nations Foundation, continued to be the key donors for UNFPA humanitarian response projects. New contributions totalling $2.4 million were donated by Norway to support implementation of the UNFPA Great Lakes appeal in Burundi and Rwanda. Approximately $1 million was mobilized in support of UNFPA operations in the Occupied Palestinian Territory, with major contributions from the Governments of Austria, Belgium and France, as well as the OPEC Fund for International Development. Resources were also mobilized through participation in the Inter-agency Consolidated Appeals Process (CAP). During the year, the Fund strengthened its partnerships with key stakeholders in the health and development sectors, including through its membership in the Inter-Agency Standing Committee (IASC). UNFPA also continued to advance the work of the Inter-Agency Working Group on Reproductive Health in Emergency Situations (IAWG), which has some 50 humanitarian partners from the United Nations system, NGOs and academic institutions (see also DP/FPA/2003/4, Part III, for additional information on the Fund's work in humanitarian assistance).

B. Population and development strategies

35. An analysis of 2001-2002 midterm reviews (MTRs) of UNFPA-assisted country programmes indicates that in a number of countries national population policies have been developed or revised with the support of UNFPA. The process of consultations with NGOs, universities and communities has made it possible to collect information from a grass-roots perspective on the interrelationships between population and development. UNFPA has also promoted policy dialogue on population issues at the subnational level to ensure that policies are gender-sensitive and people-centered, and in line with the national population policy and the principles of the ICPD Programme of Action and linked with the MDGs. The MTRs note that UNFPA has contributed to a shift in the approach to development planning: from one built around specific sectoral targets to integrated population and development planning. There is evidence that policy makers and parliamentarians are beginning to appreciate the linkages between population and other developmental concerns, and are consequently adopting long-term development strategies that fully incorporate population dimensions. Many of the programmes reviewed also aim to improve the availability and use of data generated through surveys, censuses and research for policy formulation. In some cases, there is little evidence-based research to guide the formulation of policies. The MTRs found that support for research needs to be more closely linked with policy questions. UNFPA is providing support to improve human resource capacity in demography, research and development planning.

MDG reporting

36. In 2002, almost two thirds of UNFPA country offices were involved in supporting national MDG reporting. A number of the remaining country offices plan future involvement in MGD report preparation, including ensuring integration of relevant population and reproductive health data. Clearly, the MDGs pertaining to reducing infant and maternal mortality, combating HIV/AIDS and empowering women cannot be achieved if development policies and programmes ignore the vital linkages between population, reproductive health, gender, and poverty reduction. Recently, the Fund's review of 25 country MDG reports found that while the reports vary considerably in the manner, detail and depth in which they cover reproductive health, programme countries have opted to include the reproductive health goal in 14 of the 25 MDG reports. Ten of the reports have reproductive health as a chapter goal, and an additional four have good textual coverage of reproductive health issues. About half of the reports make limited reference to population and poverty issues. Progress still needs to be made in ensuring consistent

and adequate attention to reproductive health, gender and population issues, and UNFPA participation in MDG reporting is crucial to achieving that end.

37. Indicators are an essential tool for benchmarking and tracking progress in achieving development goals and targets, for ensuring a focus on internationally agreed normative standards, and as a means for national statistical capacity building. Working with its United Nations Development Group (UNDG) partners, UNFPA can help promote the use of a common set of gender-sensitive population-based indicators in MDG reports and in the United Nations common country assessments (CCAs) and, through these instruments, in poverty reduction strategy papers (PRSPs). UNFPA has a good track record with Governments for its leadership role in helping to build national statistical capacity. It can bring this experience into play in the PRSP process in helping countries overcome data problems, and can lead in mobilizing resources to provide technical assistance to develop and/or strengthen sex-disaggregated databases.

Poverty reduction strategy papers

38. In 2002, UNFPA continued to track the involvement of its country offices in the PRSP process, and to monitor the inclusion of population, reproductive health and gender issues in PRSPs. Towards the end of 2002, the Fund sent a short questionnaire to its country offices in the countries that had completed a full PRSP. One aim was to ensure that UNFPA could identify and support countries where the PRSP was effectively the national development plan in terms of national ownership and core budgetary support by the Government. Another was to determine how effectively the country offices were engaged in the PRSP process.

39. Most of the country offices canvassed in the survey stated that despite constraints to their participation, they were participating in the PRSP process through various channels including sectoral meetings, jointly with national counterpart institutions, and through meetings of the United Nations resident coordinator system. In particular, the UNFPA country offices identified two areas through which their engagement in the PRSP process could be enhanced: improved technical capacity and clear strategy formulation for engaging in the PRSP process. Country offices stressed that it was important to be involved in the process from the beginning to the end. Effective engagement with the Bretton Woods institutions was viewed as being crucial for the incorporation of population, reproductive health and gender issues in PRSPs. Country offices underscored that there was considerable scope for broadening and deepening the coverage of population, reproductive health and gender issues in the PRSPs. For example, these issues were covered reasonably well in Cambodia, Mozambique, Nicaragua and Yemen, but seldom was there an explicit cross-reference in the PRSPs to ICPD goals and the relations between population size, growth, structure and reproductive health and poverty.

40. The PRSPs provide UNFPA with an additional opportunity to strengthen and broaden country-level partnerships and alliances to help reduce poverty in a resource-challenged environment. UNFPA brings to the development table its comparative advantage and technical expertise in population, reproductive health and gender, coupled with its high standing and credibility in dealing with governmental and NGO partners. An important role for UNFPA is to persuade policy makers that investments in girls' and women's empowerment and reproductive health are crucial for development and poverty reduction.

Sector-wide approaches

41. Over the course of 2002, UNFPA increased its involvement in sector-wide approaches (SWAps). In several countries where SWAps have been ongoing for a relatively long period of time, Bangladesh, Ghana, Mozambique, Senegal, Uganda and the United Republic of Tanzania, UNFPA has been playing an active role in promoting the ICPD Programme of Action in national policy dialogues and various working groups set up under the respective SWAp processes. Whereas UNFPA has been most active in health sector SWAps, in some countries the Fund is also playing a role in education sector reforms and SWAps. In Panama, for example, UNFPA participation in the national dialogue for transformation of Panama's education system helped to secure consensus on the inclusion of sexuality education in the school curriculum. Although UNFPA has become increasingly involved in SWAps, it is an evolving area of work in which the Fund is "learning by doing". An important challenge cited by UNFPA country offices is the limited staff available to participate in the large number of coordination meetings required under a SWAp (see also DP/FPA/2003/4, Part III, for additional information on the Fund's involvement in SWAPs).

42. To address the challenges mentioned above, UNFPA has put a strong emphasis on strengthening the Fund's capacity to participate in PRSPs, SWAps and other national policy dialogue frameworks, including through strengthening the Fund's Technical Advisory Programme to facilitate the work of country offices. Recently, UNFPA received funding from the Canadian International Development Agency (CIDA) to support the Fund's work in the area of SWAps. In 2002, as in the previous year, UNFPA and the World Bank jointly organized a training course on population, reproductive health and health sector reform, held in Turin, Italy, for UNFPA field and headquarters staff to strengthen skills in key policy processes such as PRSPs, SWAPs and sectoral reforms. UNFPA will continue to work to establish a strong evidence-base, including economic arguments, to persuade financial institutions that promoting gender equality and reproductive health are solid investments and essential to development and poverty reduction.

Box 4: Ageing

Population ageing is a key emerging issue that is receiving increased attention in both developed and developing countries. During 2002, UNFPA continued to provide technical guidance and support to the International Institute of Ageing (INIA) in Malta. The Fund was actively involved in the activities leading up to the Second World Assembly on Ageing which took place in Madrid, Spain, in April. The Executive Director delivered statements at the conference as well as at various side events, underscoring that issues arising from population ageing, particularly the basic social and health needs of older persons in developing countries must be placed high on the global development agenda. UNFPA co-sponsored the Valencia Forum held immediately prior to the World Assembly. The Fund also organized side events in both Valencia and Madrid to present the results of its study entitled the Situation and Voices of the Older Poor and Excluded in South Africa and India. The study was undertaken jointly with the Population and Family Study Centre of Belgium.

South-South cooperation

43. The ICPD Programme of Action underscored that South-South cooperation at all levels is an important instrument of development. During 2002, UNFPA continued to promote cooperation within and among regions through integration of South-South activities in country programmes, and support to innovative activities at the interregional level. At the national level, countries are encouraged to support specific South-South activities so that they can benefit from each other's experiences. In this context, the

UNFPA Country Technical Services Teams (CSTs), within the framework of the Technical Advisory Programme, are charged with the responsibility of promoting South-South collaboration within and among regions on population and development issues, including reproductive health. This includes identifying and disseminating lessons learned and best practices drawn from country and regional experiences; facilitating the exchange of experiences; and fostering cross-fertilization of ideas on programme formulation, implementation, monitoring and evaluation. With assistance from the Government of the Netherlands, UNFPA supported a South-South training programme in Latin America and the Caribbean region on sexual and reproductive health. Under this programme, in 2002, the Colombian NGO, PROFAMILIA, trained 149 professionals from 17 Latin American and Caribbean countries, and provided technical assistance to nine institutions in six countries. Since 1999, a total of 853 professionals from 20 countries have been trained.

44. In 2002, the Fund also continued to support regional and global training programmes that facilitate the exchange of South-South experiences and enhance capacity-building efforts. In this connection, the global training programmes in India and Mauritius, and the regional training programmes in Africa and Latin America have become instrumental in advancing South-South cooperation. UNFPA continues to conduct regional training courses on reproductive health in emergency situations with the goal of establishing a cadre of trained reproductive health coordinators, who would be ready to respond to emergency situations arising in their respective regions. This has also led to sharing of experiences and the establishment of regional networks of local health and humanitarian workers, involved in reproductive health support. UNFPA has renewed its collaboration with Partners in Population and Development, an intergovernmental South-South initiative.

Follow-up to conferences and summits

45. UNFPA plays a major role in assisting countries in implementing the ICPD Programme of Action and the ICPD+5 key actions. The Fund's 2002 organizational priorities strongly reflect this. One such priority, the integration of gender concerns in population and development, is directly related to the decision in the Monterrey Consensus to place gender issues at the centre of decision-making on financing for development. Through the United Nations Chief Executives' Board, UNFPA is contributing to system-wide approaches to the thematic areas of the World Summit on Sustainable Development (WSSD). The Fund has launched internal processes on the linkages among water, population, gender, reproductive health and poverty, as well as in other thematic areas. As part of the 10-year review process of the implementation of the ICPD Programme of Action, an assessment of the progress and the constraints at the country level is crucial. Hence, the Fund has undertaken a field inquiry to appraise implementation from an operational perspective. UNFPA is also awaiting the recommendations of the open-ended ad hoc working group of the General Assembly with regard to the integrated and coordinated follow-up to the outcomes of the United Nations conferences and summits in the economic, social and related fields.

C. Advocacy

46. Advocacy has been a priority for UNFPA since the Fund's inception. UNFPA undertook an in-depth review of its advocacy work at the national level, reporting its findings to the Executive Board in the annual report of the Executive Director for 2000 (DP/FPA/2001/4, Part I). Overall, the Fund's advocacy interventions have been directed at creating a favourable policy environment to accelerate the achievement of ICPD goals, and to mobilize the resources necessary to achieve those goals. UNFPA operationalized advocacy as a core programme area in 1995, and as a key MYFF strategy in 2000. This

resulted in a conceptual shift in the design of country programmes. With an increasing number of countries integrating advocacy into reproductive health and population and development programmes, advocacy interventions are better aligned towards ICPD and MYFF goals and outputs. Increasingly, interventions address programmatic gaps in such areas as the special needs of adolescents and youth; the prevention of HIV/AIDS; and the utilization of data. Among the key issues that the Fund advocates for are reproductive health commodity security, reproductive health and the MDGs, gender equality and women's empowerment.

47. In 2002, politicians, parliamentarians, community and religious leaders and other influential people were mobilized in various ways, in a number of countries, through UNFPA-supported advocacy activities. UNFPA also focused attention on sensitizing and training journalists in order to enhance their skills and increase media coverage of population and development issues. Publications, television and radio programmes have been effectively used, and seminars, workshops, study tours and advocacy campaigns organized. Through advocacy UNFPA has helped to build coalitions of parliamentarians, journalists, NGOs, and religious and community leaders that have borne positive results, including support for girls' education, and the development of national gender policies.

48. The quality and outcome of advocacy interventions significantly improve with evidence-based strategies, creating better prospects for informed debate, and policy and legislative reform. Many countries have supported sociocultural research to inform advocacy campaigns, including for the design of culturally appropriate messages. For example, the Fund's support to discourage female genital cutting resulted in the development of related policies and enactment of laws in 14 countries.

49. The Fund's flagship publication, State of World Population, is a key tool for advocacy. In 2002, the State of World Population report focused on people, poverty and possibilities. The report argues that addressing population concerns is critical to meeting MDGs. Pointing to a "population effect" on economic growth, the report cites new data showing that since 1970, developing countries with lower fertility and slower population growth have seen higher productivity, more savings and more productive investments. They have registered faster economic growth. Investments in health and education, and gender equality are vital to this effect. Family planning programmes and population assistance were responsible for almost one-third of the global decline in fertility from 1972 to 1994. These social investments attack poverty directly and empower individuals, especially women.

50. Through its advocacy efforts, UNFPA has sought to foster broad-based understanding and support for the ICPD Programme of Action and its own operations. Successes include increased media coverage of population issues, and the commitment from more than 100 parliamentarians in Ottawa, Canada, to move the ICPD agenda forward at the International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action. Similar strong support for the ICPD agenda was evident in Bangkok, Thailand, at the Fifth Asian and Pacific Population Conference, and at the recently concluded thirty-sixth session of the Commission on Population and Development.

51. It is interesting to note that in 2002, while other United Nations agencies experienced a fall in media coverage, UNFPA experienced a marked increase in media coverage. A sizeable portion of the coverage resulted from an announcement by one major donor about the withdrawal of funding to UNFPA. While the loss of funding was regrettable, the media attention focused on UNFPA resulted in increased visibility for the Fund and its work in developing countries. The "34 Million Friends" grass-roots campaign that arose in response to the loss of funding is a striking example of a highly successful advocacy campaign. In 2002, UNFPA also launched an advocacy campaign to support its initiative on

obstetric fistula in 12 countries in sub-Saharan Africa. Of the funds received through the "34 Million Friends" campaign, approximately half a million dollars will be applied to the fistula initiative to help women and girls.

D. Transition

52. The staff-led comprehensive 18-month transition exercise concluded in December 2002. The driving aim of the transition exercise was to strengthen the capacity of UNFPA and its staff to work strategically within the Millennium agenda and to plan and manage for results. The transition put results-based management centre stage and formulated new results-oriented approaches to strategic direction, knowledge sharing, human resource management, learning and training, financial management, organizational realignment and image. These are now being mainstreamed into the Fund's processes and systems. In order to strengthen a common vision with regard to the reforms identified and developed by UNFPA staff during the transition exercise, workshops will be held for all staff to ensure their understanding of and commitment to the changes introduced, and to clarify their important role as the main actors of change.

53. UNFPA staff voiced their views through the Field Needs Assessment Study (FNAS) carried out in mid-2001. They described the types of changes needed for the Fund to become a more field-centric, efficient and effective organization. The scope and depth of these recommendations became the central focus for the transition. In response to the 217 recommendations of the FNAS, the Fund's Executive Committee adopted 207. It was not able to take action on the remaining 10 recommendations due to legislative reasons, such as links to General Assembly or the Executive Board or UNDP. Since August 2001, about 95 per cent of the FNAS recommendations have been addressed, either fully or partially. Many of these results were accomplished by the seven transition working groups focusing on strategic direction; organizational realignment; image; human resource management; learning and training; knowledge sharing; and financial management.

54. Key results of the transition include: a much stronger sense of the Fund's strategic direction and a new and attractive image/logo; a realigned headquarters based on the support needs of the field offices; a country office typology defining staffing levels according to country programming needs, and codifying a mechanism to build the operational capacity of country offices; financial procedures that give country offices full authority on project budget control; a new human resources strategy with a more dynamic performance oriented, field-friendly human resource management system; and a learning and training strategy that links with the human resource and knowledge sharing strategies.

II. PARTNERSHIPS

55. Each year, the Fund reports on one of the four strategies of the MYFF. This year the focus is on partnerships (see also DP/FPA/2003/4, Part II). Partnerships among various national and international actors are an integral component of sustainable development. During 2002, UNFPA continued to expand and strengthen its partnerships at national, regional and global levels. Working with a steadily increasing circle of partners, UNFPA built alliances and networks across and within countries, partnering with Governments, parliamentarians, civil society, the private sector, including foundations, the media, international financial institutions and other key development partners, including donors and multilateral and bilateral organizations. Partnerships assume that by joining forces, the sum of the results of the partners working together is greater than if the partners worked individually. Partnerships allow different sectors and different actors to have access to the comparative advantages of their partners. Successful

partnerships require, inter alia, a clear understanding of mutual expectations, roles and responsibilities; sustainable resources; organizational structure; regular information sharing and consultation; and mechanisms for resolving differences and solving problems.

56. Partnerships have become one of the most crucial strategies for working in a changing environment. UNFPA enters into hundreds of partnerships at all levels to accomplish its work. The examples highlighted below are just the tip of the iceberg, but they do give insights into the types of partnerships the Fund makes use of to maximize the impact and effectiveness of its programmes. Although the examples given are very selective, each is both unique and representative at the same time. Each example shows how UNFPA and its partners tailor their partnership to achieve a specific common objective. Each also adds to the body of lessons learned that can later be adapted to other partnerships addressing similar issues. The short summary below seeks to give a flavour of the Fund's partnerships and how they operate.

A. Partnerships at the country level

57. UNFPA has forged valuable partnerships at the country level, with national, state and local Governments, civil society, including NGOs and academic institutions, the private sector, community leaders and opinion makers, including traditional and religious leaders, parliamentarians and the media.

58. The African Youth Alliance (AYA) programme illustrates a spectrum of partnerships. With $56.7 million from the Bill and Melinda Gates Foundation, the AYA programme is a multi-agency partnership between UNFPA, PATH and Pathfinder International with national Governments, local NGOs, community-based organizations and young people. The AYA programme works with nearly every level of society to advocate for adolescent sexual and reproductive health, and to improve services to youth. Interventions to prevent HIV infection among 10-24 year-olds are under way in Botswana, Ghana, Uganda and the United Republic of Tanzania. Central to the programme's vision is improving the quality and availability of youth-friendly reproductive health services, and training service providers. Through advocacy, UNFPA has forged partnerships with policy makers, cultural, traditional and religious leaders, faith-based organizations, district authorities, community-based organizations and the media to develop and promote positive policies and laws for social change. These partnerships are helping to create the necessary enabling environment, as well as commitment from national stakeholders to provide behaviour change communication, life and livelihood skills and youth-friendly services for the prevention of HIV infection among young people.

59. Institutional capacity-building and partnerships with existing national and local institutions are important programme strategies for sustainability. The AYA programme has found that advocacy activities with church leaders and inter-religious councils offer multiple benefits, including the ability to address sensitive issues with enhanced credibility among church followers. To promote HIV prevention among youth in Uganda, partnerships have been forged with the Church of Uganda, as well as with four traditional kingdoms covering about 80 per cent of the country's population. In Botswana, under the auspices of the Botswana Christian Council, a 20-member religious leaders forum was developed to advance adolescent sexual and reproductive health among the faith community. Another key strategy of the AYA programme is to build alliances and networks with the media. Towards that end, a 25-member media network was established in the United Republic of Tanzania, and many youth-hosted shows were broadcast on radio and television to raise awareness. In Ghana, work with the media has focused on familiarizing journalists with reproductive health issues, including HIV/AIDS policy development and implementation.

Box 5: Partnering with Buddhist Monks in Cambodia

In **Cambodia**, the practice of Buddhism was suppressed during the Khmer Rouge period. In 1989, Buddhism once again became legal in Cambodia and people have started to visit and pray at pagodas and temples. During festivals, both the young and old take part in various ceremonies. Monks are respected highly in Cambodian society, and play a key role in advising and helping communities to deal with difficult issues. The UNFPA-supported adolescent reproductive health project in Cambodia has adopted a novel strategy, namely, to train monks on reproductive health issues, including HIV/AIDS, so that they can reach out to young people. The project is supported with funding from the European Commission. Key partners include Save the Children (UK), Pharmaciens Sans Frontières Comité International, and local NGOs, including the Women's Organization for Modern Economy and Nursing (WOMEN), Local Youth and Children Support Organization (LYCSO) and Operation Enfants de Battambang (OEB). During 2002, more than 300 young monks were trained. These monks are sharing the information on reproductive health and HIV/AIDS prevention with other monks and with people in the communities through sermons, workshops and informal meetings. Partnering with monks is proving to be an effective programme strategy, given the wide reach that they have with the Cambodian people.

60. Every year, more than 100,000 conscripts, most of them young men, join the Armed Forces of countries in Latin America and the Caribbean. For most recruits, the Armed Forces provide the only opportunity for education and health care. In a number of countries in Latin America and the Caribbean region, UNFPA has forged a unique partnership with the Armed Forces to raise awareness about sexual and reproductive health and rights issues, including HIV prevention, responsible parenthood, gender equality and the prevention of gender-based violence.

Box 6: Partnering with the Armed Forces in Latin America and the Caribbean

In **Ecuador**, with UNFPA support, a reproductive health education component, including information on sexuality and gender equality, has been incorporated in the military school curriculum that targets young students. At the project sites, a range of reproductive health services are offered to Armed Forces personnel and their families. In **Nicaragua**, a Fund-supported project is promoting the concept of reproductive health as a human right. Under the project, new perspectives have been introduced on gender equality and the prevention of violence against women. Innovative behaviour change communication approaches are used to bring information to underserved areas. The project has helped to improve relations between the military and local communities. In **Paraguay**, with support from UNFPA, population and reproductive health topics have been institutionalized in the military educational system. The topics include, sexuality, family planning, STI/HIV prevention, responsible parenthood and the prevention of domestic violence. The project has also enhanced the quality and range of reproductive health services for armed forces personnel, their families and civilians living near military facilities. UNFPA is supporting similar projects with the Armed Forces in the **Dominican Republic**, **Peru** and **Venezuela**.

B. Partnerships at the regional level

61. The Fund's focus on Africa is assuming greater dimensions through support for the New Partnership for Africa's Development (NEPAD). UNFPA is participating in a number of the thematic clusters instituted to support NEPAD, namely, the cluster on population, environment and urbanization; the cluster on human resource development, HIV/AIDS, education and health; and the cluster on governance and human rights. UNFPA has held formal consultations and discussions with the NEPAD Secretariat and a common understanding was reached regarding possible areas of support pertaining to population and poverty reduction. In 2002, the UNFPA Executive Director wrote to all regional economic communities to offer partnership and support for incorporating population and development

concerns, including reproductive health and gender into NEPAD programmes focusing on poverty eradication and sustainable development. The Fund has also identified focal points at headquarters and in the CSTs based in Ethiopia, Senegal and Zimbabwe, to ensure timely response to and engagement with NEPAD economic and political mechanisms. Other important policy and programmatic partnerships include collaboration with the Economic Commission for Africa (ECA) and the Organization of African Unity (OAU). Collaboration with the OAU and the African Union has resulted in the setting up of the African Population Commission which provides advocacy and policy support.

Box 7: Partnering with the OPEC Fund for International Development

The OPEC Fund for International Development and UNFPA have joined forces to fight HIV/AIDS in Central America and the Caribbean, through a three-year programme designed to reduce vulnerability to HIV/AIDS, particularly among youth and mobile populations. This initiative, with $3.2 million from the OPEC Fund, will benefit six countries in the region: **Belize**, **Costa Rica**, **Guatemala**, **Guyana**, **Honduras** and **St. Lucia**. The programme focuses on reaching young people living in difficult circumstances. It aims to contribute to improving the life skills of young people by increasing their knowledge of STI/HIV/AIDS prevention, and increasing access to youth-friendly reproductive health services that are sensitive to gender and culture.

In the Arab States region, UNFPA is taking the lead in a regional project funded by the OPEC Fund to support HIV/AIDS prevention in **Lebanon**, **Morocco**, **Somalia**, **Sudan**, the **Syrian Arab Republic**, **Yemen** and the **Occupied Palestinian Territory**. The project has been undertaken in close coordination with the national AIDS programmes of the respective country/territory. It aims at improving the reproductive health of the people through raising awareness and increasing utilization of services for STI/HIV/AIDS prevention. The project also contributes to strengthening the intervention capabilities of the respective country/territory, as well as the Fund's role and operations as a member of the HIV/AIDS theme group.

C. Partnerships at the global level

Partnerships with parliamentarians

62. UNFPA values highly its partnerships with parliamentarians around the world. As a bridge between people and government, parliamentarians play a vital role, both individually and collectively, in advocating for the rights and needs of people, legislating laws to protect those rights, and mobilizing resources and creating an enabling environment to address those needs. In November 2002, over 100 ministers and parliamentarians from 72 countries and territories came together in Ottawa, Canada, for the International Parliamentarians' Conference on the Implementation of the ICPD Programme of Action. The conference was organized by the Canadian Association of Parliamentarians on Population and Development, the Inter-American Parliamentary Group on Population and Development and UNFPA, and was made possible through support provided by the CIDA, the Hewlett Foundation and UNFPA.

63. The conference addressed two key challenges: the need to create an enabling environment in developing countries and the need for increased funding from donor countries. In adopting the Ottawa Commitment at the conference, the parliamentarians from all over the world reaffirmed their commitment to the ICPD Programme of Action and to advancing its implementation. Furthermore, they recognized and accepted that population, as a cross-cutting issue, affects all other development issues and thus is indispensable in achieving the MDGs, in particular those aimed at eradicating poverty and hunger; improving maternal health, including efforts to combat unsafe abortion and promote sexual and reproductive health and rights; combating HIV/AIDS; providing universal primary education; and promoting gender equality and women's empowerment. The parliamentarians pledged, as public

advocates, legislators and policy makers, to carry out the actions delineated in the Ottawa Commitment; to systematically monitor and report on progress; and to meet again in two years to assess the results achieved, both individually and collectively.

64. During 2002, UNFPA was involved in a number of other activities with parliamentarians. The Fund worked closely with national, regional and global parliamentary groups, participating in their meetings and providing funding, technical and other support. Among the many international parliamentary conferences the Fund helped to organize was the Fifth Conference of African Women Ministers and Parliamentarians that took place in October, in Cape Verde. Over 80 women ministers and parliamentarians and other leaders from sub-Saharan Africa met to address the devastating effects of HIV/AIDS on the region's population, particularly its women. During the year, the Fund also provided support for field observation missions by donor country parliamentarians, which contributed to increased financial and/or political commitment by the concerned donor Governments.

65. It should be noted that when one major donor decided to withhold its funding for UNFPA, parliamentarians from all regions of the world voiced their strong support for the work of the Fund, and called on the donor to reconsider its decision. Similarly, in a variety of fora, parliamentarians expressed strong support for UNFPA and its work in assisting countries to implement the ICPD Programme of Action. UNFPA will continue to expand and strengthen its partnership with parliamentarians around the world.

Partnerships with civil society

66. A striking example of a fruitful partnership with civil society is the "34 Million Friends" campaign. This unprecedented grass-roots movement was independently initiated by two American women. Deeply concerned by the decision of their Government to withdraw $34 million in funding to UNFPA, they decided to take action. Working from their homes, they sent e-mails to friends, clubs and networks urging people to donate $1 or more to UNFPA. Their goal is to find "34 Million Friends" to help UNFPA continue its work as the largest international provider of family planning and maternal health care. The campaign took flight in August 2002, and within the first six months over half a million dollars was raised through the generous support of the American people. To date, over $1 million has been received and the cheques and letters of support continue to arrive. The UNFPA web site features weekly updates of campaign totals, as well as state-by-state breakdowns of contributions and quotes from letters received. The campaign has spread beyond North America and letters and contributions are arriving from other parts of the world. The campaign has sparked the interest of journalists and numerous articles have appeared on the subject. More letters arrive with each new article that is published on the "34 Million Friends" campaign. Under the obstetric fistula initiative, approximately half a million dollars from the campaign is being used to help women and girls in 12 African countries.

Box 8: Stronger Voices for Reproductive Health

"Stronger voices for reproductive health" is a UNFPA-led global project that supports governmental and civil society partnerships to improve the quality of sexual and reproductive health in six countries: **India**, **Kyrgyzstan**, **Mauritania**, **Nepal**, **Peru** and the **United Republic of Tanzania**. UNFPA is partnering with UNICEF, WHO and ILO/STEP (Strategies and Tools Against Social Exclusion and Poverty) on this project. International NGO partners include The Population Council, EngenderHealth, Reproductive Health Alliance (RHA) and Partners for Health Reformplus (PHRplus). At the country level, activities are being undertaken in partnership with Governments at national and local levels, as well as with organized groups of women, NGOs, research partners, and other civil society groups. Working with different community-based mechanisms -- community mobilization

and advocacy strategies, savings and credit programmes, and micro-insurance schemes – the project aims at enabling communities to influence the quality of reproductive health care. For example, mobilization campaigns have made it possible for communities to engage in public discourse with providers and policy makers on reproductive health concerns (often deemed too "private" for the public domain) and the services needed to address them.

In **India,** women's groups are being mobilized to demand better quality reproductive health care by working with the "panchayats" (local village councils) to address health care issues. The Self-Employed Women's Association (SEWA), one of India's largest women's union, is an active project partner, conducting education campaigns on reproductive health and quality of care. Communities are being mobilized in **Kyrgyzstan** to undertake a large-scale information campaign designed to improve awareness of reproductive health issues, particularly the country's recently adopted law on reproductive rights, thus enabling citizens to demand quality reproductive health services. In **Nepal,** women's groups are being sensitized on reproductive health and rights so as to engage local management committees on quality of care issues. In **Mauritania**, health micro-insurance schemes are being tested to increase women's access to reproductive health services. In **Peru**, organized adolescent groups, including the scouts, are being mobilized to become effective advocates for their own health, and to devise a collective strategy to work directly with local health councils in developing standards for youth-friendly services. Similarly, community groups are receiving advocacy training in the **United Republic of Tanzania** so that they can better communicate their health needs and concerns to health care providers and district health councils.

Partnerships with multilateral and bilateral organizations

67. UNFPA enjoys close partnerships with many multilateral and bilateral organizations. In 2002, these partnerships were expanded and strengthened.

Box 9: UNFPA Partnering with the European Commission

The European Commission/UNFPA Initiative for Reproductive Health in Asia, established in 1997, is the largest-ever programme of cooperation between the European Commission and UNFPA. The initiative involved European NGOs and more than 60 local partners in improving reproductive and sexual health in seven Asian countries: **Bangladesh**, **Cambodia**, **Lao People's Democratic Republic**, **Nepal**, **Pakistan**, **Sri Lanka** and **Viet Nam**. Recently, the European Union and UNFPA signed an agreement for a second phase of the initiative. The new three-year reproductive health initiative for youth in Asia will be implemented in the same seven countries mentioned above. The initiative will support peer counselling; promote HIV/AIDS awareness and prevention; improve access to youth-oriented reproductive health services; and build the capacity of local NGOs to meet the needs of young people. The initiative will serve vulnerable youth, including street children, factory workers, rural migrants and sex workers. The European Union will provide 18.5 million euros, UNFPA will contribute 1.85 million euros and another 1.85 million euros is expected from executing NGOs.

In 2002, the European Union signed an agreement with UNFPA for 20 million euros to help improve reproductive health care services in 8 African and two Caribbean countries affected by high rates of HIV/AIDS and maternal mortality. The countries are: **Burkina Faso**, **Equatorial Guinea**, **Ethiopia**, **Ghana**, **Guinea-Bissau**, **Niger**, **Rwanda**, the **United Republic of Tanzania**, **Jamaica** and **Suriname**. Within the larger framework of reproductive health, and in line with national development plans, the programme will address access to and quality of reproductive health services and information, including for STI/HIV/AIDS prevention. Institutional capacity-building and addressing the reproductive health needs of adolescents are key aspects of the programme.

68. **UNDG**. There is increasing recognition among multilateral agencies of the potential benefits of fostering partnerships in which the comparative advantages of respective agencies are put to best use, with an emphasis on complementarity and synergy. UNDG efforts have sought to create synergies, avoid

duplication and effectively harness resources. In April 2002, in response to General Assembly resolution 56/201, UNDG established a Task Force on Simplification and Harmonization of Programme Implementation Modalities. The four Executive Committee member agencies of UNDG – UNDP, UNFPA, UNICEF and WFP – have developed a number of recommendations and drafted various templates to be used at different stages of the programming cycle. The work has been carried out in close consultation with the field offices of the four agencies, and taking into account similar efforts undertaken by the Development Assistance Committee (DAC) of the Organization for Economic Cooperation and Development (OECD). The task force recommendations were endorsed by the UNDG Executive Committee in November 2002. It is expected that in the near future, member agencies will use similar or harmonized policies and procedures for programme preparation and approval; programme implementation, including financial procedures; and monitoring and evaluation.

69. In the context of the Secretary-General's second wave of reform, UNDG partners are also actively collaborating on such matters as spouse employment; inter-agency mobility programme; and re-employment of retired staff members. In 2002, UNDG developed the MDG Core Strategy; fully integrated MDGs into the new guidelines for CCA and the United Nations Development Assistance Framework (UNDAF); and clarified the linkages between CCA, UNDAF, MDGs and PRSPs. Conflict prevention and peace-building strategies were also incorporated in the revised CCA and UNDAF guidelines.

70. **The World Bank**. Cooperation between UNFPA and the World Bank continued to grow in 2002. Meetings and seminars were held at the country level and at headquarters, and agreements were reached to further expand collaboration between the two organizations at the planning, policy, advocacy and programming levels. In October 2002, the UNFPA Executive Director visited the World Bank and delivered the Presidential Fellows' Lecture. In her statement, she underscored that population and reproductive health are the true underpinnings for the achievement of seven of the eight MDGs. The visit, which also included senior staff from the Fund, was designed to foster collaboration and to develop closer ties between the World Bank and UNFPA at both global and country levels. An action plan was developed and signed by UNFPA and the World Bank. The cornerstone of this action plan is the consensus that the MDGs cannot be achieved without access to reproductive health services, and that UNFPA and the World Bank should work together to assist the millions of couples who do not have access to reproductive health services. The action plan will assist the two organizations in selected countries to expand global advocacy and operational partnerships in priority areas, including procuring condoms and other reproductive health commodities for HIV prevention and other programme areas; ensuring that MDGs and population issues are addressed in the PRSPs, and that UNFPA country offices are included in the PRSP process; giving greater attention to data collection on human development, including census data; and focusing on reproductive health and poverty.

71. UNFPA and the World Bank have also expanded collaboration in the areas of reproductive health, gender and culture – sharing experiences, lessons learned, research and publications; monitoring indicators; developing training modules for gender mainstreaming; participating in thematic working groups; and creating greater awareness of PRSPs and other policy and programming frameworks. As in the previous year, UNFPA and the World Bank Institute jointly organized a training course on reproductive health and health sector reform, held in Turin, Italy, for UNFPA field and headquarters staff. The workshop aimed to strengthen skills in key policy processes, such as sectoral reforms, PRSPs and SWAps. UNFPA also participated in a high-level workshop to bring partners together in support of the World Bank's initiative on low-income countries under stress. Both organizations are committed to strengthening their partnership.

72. **WHO**. UNFPA and the WHO have collaborated over the years at both headquarters and country levels in the areas of sexual and reproductive health, and population and development. Both agencies are committed to providing concerted support to the achievement of international development goals in reproductive health. The extent of this partnership, in particular within the context of the Fund's Technical Advisory Programme, has contributed towards providing strategic technical assistance and advice to Governments on reproductive health and population programmes. Underpinning this collaboration is the need to help countries address emerging reproductive health issues and evolving needs and to build national capacity and competence in service delivery. These collaborative efforts take into account the development goals of ICPD and ICPD+5 and MDGs. WHO and UNFPA plan to develop a common framework for the routine monitoring of progress towards those goals, including the processes for country, regional and global monitoring.

73. To strengthen collaboration between the two agencies a technical consultation took place in Geneva, in June 2002, followed by a high-level consultation later in the year. Both agencies recognize the need to ensure consistency in key messages on best practices in reproductive health that are being promoted at country and headquarters levels. Towards that end, UNFPA and WHO will enhance cooperation, among other means, through constant consultations in the development of guidelines and their updating, and sharing information on the scheduling of meetings that are convened by each agency to arrive at consensus on technical issues. As part of the efforts to improve communication, it was recommended that meetings should be held at least twice a year, the second being a video teleconference with respective focal persons, for review, follow-up and discussion of ongoing activities and identification of new areas for collaboration. The concept of collaboration should optimize resource allocation within the respective agencies by avoiding duplication and facilitating complementary efforts. Due account will be taken of the comparative advantages within the respective partner agencies, to ensure complementary efforts in product development and implementation.

III. RECOMMENDATION

74. The Executive Board may wish to take note of the documents that make up the Report of the Executive Director 2002, DP/FPA/2003/4, Part I; Part I, Add.1; Part II; Part III; and Part IV.

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